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BRITISH GUIANA.



REPORT OF THE DIRECTOR OF MEDICAL SERVICES FOR THE YEAR 1948

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REPORT OF THE MEDICAL DEPARTMENT, BRITISH GUIANA FOR THE YEAR 1948

I. STAFF

Distribution

The Medical Staff, as authorised, comprised:—

- 1 Director of Medical Services
- 1 Deputy Director of Medical Services
- 2 Health Officers (1 vacancy)
- 1 Medical Superintendent, Public Hospital, Georgetown
- 1 Surgeon Specialist, Public Hospital, Georgetown
- 1 Senior Physician, Public Hospital, Georgetown
- 1 Bacteriologist and Pathologist
- 1 Assistant Surgeon, Public Hospital, Georgetown
- 1 Medical Superintendent, Mental Hospital

- 1 Medical Superintendent, Leprosy Hospital
- 1 Medical Officer, Tuberculosis
- 1 Ophthalmologist
- 1 Medical Officer—Ear, Nose and Throat
- 1 Venereal Diseases Officer and Dermatologist
- 1 Radiologist
- 1 Chief Officer, Mosquito Control Service
- 1 School Medical Officer
- 31 Medical Officers (including 1 Temporary and 2 Supernumerary Medical Officers)

NEW APPOINTMENTS

Dr. L. G. Eddey, Deputy Director of Medical Services, was appointed Director of Medical Services, as from 22nd March, *vice* Dr. H. B. Hetherington, retired.

Dr. H. P. Fernandes was appointed Health Officer (Tuberculosis) with effect from 26th March.

Dr. Ernest Spencer Reed was engaged as temporary Government Medical Officer, Public Hospital, Georgetown, as from 24th June.

Dr. Hans Herlinger was appointed temporary Government Medical Officer as from 31st July.

Mr. C. O. Fung-Kee-Fung assumed duty as Assistant Surgeon, Public Hospital, Georgetown, as from 5th July.

ACTING APPOINTMENTS

Dr. C. R. Subryan, Health Officer, Demerara, acted as Deputy Director of Medical Services, *vice* Dr. O. M. Francis, as from 17th July, and as Director of Medical Services as from 16th August, *vice* Dr. L. G. Eddey on leave.

LEAVE

The following officers were on vacation leave during the year:—

Dr. W. W. BESSON, Government Medical Officer	.. ..	1st January—9th April
Dr. G. W. MEARNS, Government Medical Officer	.. ..	27th May—17th December
Dr. D. P. WAILLING, Government Medical Officer	.. ..	30th May—17th September
Dr. S. C. BETTENCOURT-GOMES, Senior Physician, Public Hospital, Georgetown .. .. ..	.. .. ..	1st June—15th December
Dr. R. N. COZIER, Government Medical Officer	.. ..	from 13th July
Dr. N. J. ABBENSETTS, Government Medical Officer	.. ..	from 21st August
Dr. G. T. G. BOYCE, Government Medical Officer	.. ..	from 3rd September (prior to retirement)
Dr. H. E. P. YORKE, Government Radiologist	.. .. ..	from 4th October
Dr. L. H. WHARTON, Medical Superintendent, Leprosy Hospital	.. .. ..	from 1st December.

II. FINANCE

TOTAL EXPENDITURE

Medical—General	\$ 566,768.69
Medical—Bacteriological Department	36,137.75
Medical—X-Ray Department ..	54,533.30
Medical—Hospitals	1,343,630.75
Miscellaneous—Subventions— Municipal and other than Municipal ..	23,849.25
TOTAL	\$2,024,919.74

Comparative totals of Expenditure—

1946	1947	1948
\$1,521,430.72	\$1,741,763.44	\$2,024,919.74

The percentage expenditure on the Medical, Public Health, Mosquito Control and other Services to the total Government expenditure for the whole Colony was 9.6%.

Dr. C. C. Nicholson, School Medical Officer, was appointed to act as Deputy Director of Medical Services, *vice* Dr. C. R. Subryan, as from 17th August.

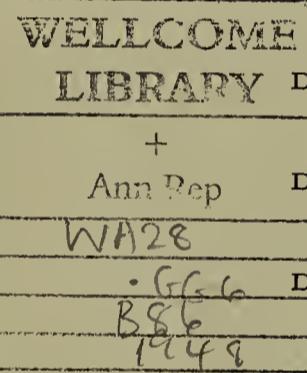
RETIREMENTS

Dr. H. B. Hetherington, Director of Medical Services, went on leave as from 12th March, and retired on 24th November.

Dr. G. M. Kerry retired on pension with effect from 1st January.

RESIGNATIONS

Dr. E. C. Richardson resigned his appointment as Ear, Nose and Throat Officer as from 31st July. Dr. H. Ho was employed as temporary part-time officer, *vice* Dr. Richardson.



Amount spent per person (total population—402,615) on all Medical Services was \$5.03.

The percentage expenditure on the Medical, Public Health, Mosquito Control and other Services to total Government revenue for the Colony was—

1946	1947	1948
11.1%	9.8%	9.2%

III. VITAL STATISTICS

The Colony's vital statistics for the past three years are presented in the table overleaf.

These statistics are treated in greater detail in the Registrar General's Report for 1948 which is to be presented separately.

A rising birth rate accompanied with a falling death rate and a remarkable decrease in the infant mortality rate (77 for 1948 as compared with 87 per 1,000 for 1947) is a reflection of continued improved health of the Colony's inhabitants.



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Table showing statistical returns for the years 1946 to 1948

	1946	1947	1948
<i>Population</i>	Males 191,209	195,812	201,628
	Females 190,116	195,045	200,987
	Total 381,325	390,857	402,615
<i>Total Births</i>	Males 6,777	7,668	8,508
	Females 6,652	7,541	8,104
	Undetermined	—	—
	Sex 1	—	—
<i>Crude Birth Rate per 1,000</i>	13,430	15,209	16,612
	35.2	38.9	41.3
<i>Total Deaths</i>	Males 3,103	2,992	3,038
	Females 2,791	2,721	2,699
	Undetermined	—	—
	Sex 1	—	—
<i>Crude Death Rate per 1,000</i>	5,895	5,713	5,737
	15.5	14.6	14.2
<i>Infant Mortality Rate per 1,000 Births</i>	Deaths — 1,167	1,317	1,278
	Rate — 87	87	77
<i>Maternal Mortality Rate per 1,000</i>	Deaths — 130	107	7
	Rate — 10	—	*

*Figures not yet available. Will be presented in the Registrar General's Annual Report.

IV. COMMUNICABLE DISEASES

There was no outbreak of infectious disease in epidemic proportions during the year.

Enteric Fever

Enteric fever occurred in its usual endemic prevalence in widely scattered areas of the Colony, and whenever and wherever there occurred a tendency for it to assume epidemic proportions, the usual public health control measures (viz. mass inoculations with T.A.B. vaccine, careful instruction of the families of enteric fever patients in the necessary prophylaxis, isolation of cases in hospital and other appropriate preventive measures) were expeditiously applied and the spread of infection effectively arrested. There was an increase in the endemicity of the disease, however, there being 534 notifications for the year as compared with 353 in 1947 and 504 in 1946.

Tuberculosis

Notifications with respect to pulmonary tuberculosis were significantly more numerous than those of previous years, there being 344 as compared with 215 in 1947 and 275 in 1946.

This apparent increase in the prevalence of the disease was probably due to more adequate detection of new cases brought about undoubtedly by a greater health consciousness and a better realization on the part of the public of at least one fact to which particular emphasis has been given in the preventive campaign against tuberculosis that the prospects of cure are considerably enhanced when the disease is detected and treated early.

Malaria

Based on statistics which represent the returns of diseases treated in the public hospitals, estate hospitals, and medical districts, there was a marked diminution in the incidence of malaria, there occurring 8,401 cases with 81 deaths (a case fatality rate of 0.96 per 1,000 cases) as compared with 15,490 cases with 120 deaths (a case fatality rate of 1.1) in 1947.

This phenomenal reduction in the malaria incidence is obviously due to the rapid extension of the work of the Mosquito Control Service, since during the year approximately 95% of the Colony's *total population* was exposed to the beneficial effects of indoor residual spraying with D.D.T., while in 1948 only 89% of the Colony's *coastal population* enjoyed D.D.T. protection.

Influenza

With respect to the notifications for influenza, there were 1,555 cases with 4 deaths as compared with 1,711 cases with 3 deaths in 1947 and 245 cases with 7 deaths in 1946.

Chicken-Pox

There were 26 cases notified as compared with 114 in 1947.

Diphtheria

There were 27 cases as against 54 in the previous year.

Social Diseases

There were 40,690 attendances at the Social Diseases Clinic during the year as against 43,000 in the previous year. Therapy with penicillin was the main method of treatment of gonorrhea. A

small number of cases of early syphilis was given an intensive ten-day course of combined treatment with penicillin, mapharsen and bismuth.

The welfare branch of this service continued its activities of case-finding and case-holding in a satisfactory manner. The main task of the two welfare officers assigned for duty in this branch of the service was to trace the sources of infection and to bring under treatment the infected individual from whom the patient acquired the disease, and who was often the focal point for many other actual and potential infections.

Defaulting incidence, though high, showed a reduction on the figures for previous years.

As part of the health educational programme a poster campaign was inaugurated. Posters stressing the necessity for a "Blood Test for Syphilis", placed at railway stations, steamer stellings and other well frequented places, brought a successful response as the initiation of this procedure was correlated with a substantial rise in the number of cases diagnosed N.V.D.

Leprosy

The number of known cases in the whole Colony was 1,172 as compared with 1,095 in 1947. Of these, 338 were inmates of the leprosarium at Mahaica; the remaining 834 were kept under observation and treatment at the various out-patient clinics.

Chemotherapy with drugs of the sulphone group achieved a marked degree of success in arresting the disease in a large number of cases.

Twenty leprosy patients from St. Lucia were admitted to the leprosarium. All of them responded well to treatment with sulphone drugs and were very grateful for this and all the social amenities they received at the leprosarium.

The new hospital building for acute cases was completed in December, 1947, and officially opened on 15th January of the following year. It provides very adequate accommodation—10 paying and 36 free patients.

School Surveys continued to be a feature of case finding. Of 40,224 elementary school children considered, 74 cases of early tuberculoid leprosy were detected and treated at the outpatient clinics. It is very unlikely that, as a result of this early treatment, any of them will ever have to be institutionalized at the leprosarium.

V. PUBLIC HEALTH

A. SANITATION

During the year the Central Board of Health has been actively engaged in maintaining and improving where needful, general health standards and conditions in the rural areas of the Colony. Interest has also been maintained in the health of communities residing in the interior areas.

(i) Routine Work

The principal statistics indicative of the routine activities of the Board are as follows:—

(a) Domiciliary inspections ..	116,108
(b) Inspection of special type premises—provision shops, bakeries and cow-pens ..	7,217
(c) Annual re-certification in respect of rice factories ..	186
(d) Approval of new coconut-oil factories ..	27
(e) Approval of building applications	1,176

(f) Plans re layout of lands ..	85
(g) Certificates relating to completion of the prescribed preparatory works in connection with (f) ..	64

Restriction of the erection of new buildings to properly laid out sites was continued, though at the same time the wartime policy of relaxing on this requirement, subject to certain stipulations has had to be extended for another year. Apart from the building permits issued as at (e), a further 160 were granted by virtue of this Policy.

A total of 159,549 samples of foodstuff were examined during the year, and 158 prosecutions resulted.

(ii) Special Investigations

The following were subjects of special investigation by the Board's Executive Officers and subsequent report to the Board for consideration and appropriate action:—

Sanitary and general health conditions obtaining at—

- (a) Lands between Mahaica and Mahaicony, East Coast, Demerara.
- (b) No. 28 Village, West Coast, Berbice.
- (c) Plantations Belle Plaine and Sarah, Wakenaam, and similar properties in the Islands of Wakenaam and Leguan, Essequebo.
- (d) The Whittaker Dam, Upper Corentyne, Berbice.
- (e) The Buxton and Friendship Villages, East Coast, Demerara.
- (f) Windsor Forest Settlement, West Coast, Demerara.

(iii) Establishment of Schools

Throughout the year applications for permission to establish schools in terms of Section 60 of the Public Health Ordinance, 1934, engaged the attention of the Board.

It is to be observed, however, that due to the lack of the relevant regulations (now under consideration), much difficulty was experienced in dealing with matters under this head.

B. SANITARY INSPECTORS' CONFERENCE

An outstanding feature of the year's activities was the Conference of Sanitary Inspectors organised by Dr. L. G. Eddey, then Deputy Director of Medical Services, and held under his Chairmanship in the Lecture Hall of the Public Health Department.

The purpose of the conference was to bring members of the sanitary staff together so that they might be inspired and stimulated in their work, and to provide for them an opportunity of sharing as well as extending their knowledge of the technical subjects with which they are concerned. A total of ninety delegates either holding the Sanitary Inspector qualifications of the Royal Sanitary Institute or actively following the profession of Sanitary Inspector, attended and participated in the discussions. A 45-page memorandum reporting the proceedings of the Conference was subsequently published; and all delegates were supplied with copies, as also a number of other individuals and bodies engaged in health work in and out of the Colony.

C. LEGISLATION

The following items of Public Health Legislation were dealt with during the year:—

(a) Health (Mosquito Control) Amendment Regulations, 1946.

These constituted a redraft of the Amending Regulations made by the Board in October, 1947, for the purpose of deleting certain words from Regulation 1 of these Regulations. They were formally made by the Board in January, 1948.

(b) **Burial Ground Regulations**, setting aside the old existing Regulations and replacing them with more up-to-date ones by virtue of the provisions of Sections 12 (c), 65 (d) and 157, of the Public Health Ordinance, 1934. A draft was approved by the Board in May and is now being considered by the Law Officers.

D. INFANT WELFARE AND MATERNITY LEAGUE

The work of the Infant Welfare and Maternity League continued unabated.

The number of clinics held throughout the year was 1,353 with 19,716 attendances of infants and young children and 8,616 of expectant mothers.

The various local organisations rendered the usual valuable service in the raising of funds to assist in carrying on the work.

E. MOSQUITO CONTROL SERVICE

D.D.T. residual house spraying was the method of control adopted against the vectors of malaria (*A. darlingi* and *A. aquasalis*), of urban yellow fever (*Aedes aegypti* and filariasis (*Culex quinquefasciatus*).

The populated coastlands from Skeldon (Corentyne) to Charity (Pomeroon) were put under D.D.T. protection as well as the river banks and centres of population in the interior. Approximately 95% of the Colony's population enjoyed D.D.T. protection.

Through Dr. G. Giglioli, O.B.E., the Honorary Government Malariologist, who is also Medical Adviser to the Sugar Producers' Association, the closest collaboration existed between this Service and the Sugar Estate Spraying Squad under Major James Jack. It was found possible to combine all measures against the three main mosquito-borne diseases into a single procedure, viz. D.D.T. applied to the interior of houses as a residual spray.

F. SCHOOL HEALTH

School health activities included the following:—

(i) ROUTINE MEDICAL EXAMINATIONS

Seven hundred and forty-one pupils of the upper divisions (Standards II—VI) were referred by school nurses to the School Medical Officer for examination. They were selected after inspection ("screening") of 2,000 pupils examined by them at 18 city schools. All of these pupils (741) received complete physical examinations. The most prevalent defects discovered were dental caries, skin defects and signs referable to insufficient feeding with protective foods.

Three hundred and seventy-seven pupils in the lower divisions (Infants and Standard I) received complete physical examinations.

Seventy-two parents requested examinations of their children all of whom received complete examinations.

(ii) CORRECTION OF DEFECTS

Necessitous children suffering from nutritional defects were referred to the Education Department for school meals. In cases where defects were severe, tabloids of the nature of B complex vitamins, cod liver oil, iron, and liver extracts were distributed to the pupils in the schools. Parents who were financially able to make the necessary improvements in their dietaries received instructions from the School Medical Officer, and school nurses paid "follow up" visits to homes to ascertain whether the recommendations were put into effect. By the employment of these methods many children were restored to a fair standard of nutritional health.

Pupils suffering from chronic malaria, anaemia, helminthiasis, pediculosis capitis, seborrhoea capitis, scabies, ringworm and other skin disorders, were treated by the Service. Nearly all supplies of medicine were distributed to pupils at school by teachers acting under the direction of the nurses.

Pupils with eye, ear, nose and throat defects and signs and symptoms suggestive of tuberculosis were referred to the appropriate specialist at the Public Hospital for further examination and treatment.

(iii) NUTRITIONAL SURVEYS OF PUPILS IN RURAL AREAS

One thousand and forty-seven (1,047) pupils were examined. Those showing marked signs of under-nutrition were treated with B complex tablets, liver extracts and cold liver oil. Those with ear, nose, throat and eye defects were referred to the appropriate specialist for treatment.

(iv) EXTENSION OF SCHOOL HEALTH ROUTINE PROCEDURES TO CORENTYNE SCHOOLS

A special school nurse was assigned for this duty while the School Medical Officer and staff paid visits to assist in this work.

(v) Experiment to determine the effect of the addition of food yeast to the usual school meal in the health and general efficiency of pupils and also the optimum amount of yeast which could be added to the meal.

The experiment commenced early in February, 1948. Approximately 100 selected pupils of city schools and about half that number at Kitty schools were the recipients of the yeast while a similar number receiving no yeast but only the usual meal served as controls. They were completely examined before the experiment and have each received four subsequent examinations. The experiment will terminate in July, 1949, when a full report on the results will be presented.

G. NUTRITION

General

The Nutrition Committee continued to function as in previous years. During the period under review, surveys were conducted as usual by the School Medical Officer, there being some 2,925 pupils examined in schools in widely scattered areas of the Colony.

Food Yeast

A Progress Report, prepared by the School Medical Officer on the health and general efficiency of elementary school children receiving food yeast, has shown that the greatest single change among the recipients was a significant increase in general activity of nearly all of them, also that the observations in this respect were however, entirely subjective.

During the year, 95 bags of food yeast were ordered and received through the Crown Agents for the Colonies for use in the following manner:—

- (i) For School Breakfast Centres: Adding 7 grms. to each child's meal daily—77 cwt.
- (ii) For all Hospitals and Poor Law Institution: Adding 7 grms. daily to hospital dietary scales Nos. 2, 3, 5 and 6—50 cwt.

Food Yeast Trials

Tests were carried out by Miss E. D. Pitt, Principal, Carnegie Trade School for Women and a member of the Nutrition Committee, for making buns from Canadian and Australian flour with food yeast added.

It was found from each trial that the addition of food yeast needed some "camouflaging"—at least until the flavour was acquired. Each bun which had sugar, cinnamon, etc., added was more palatable than its counterpart without.

Basic Stocktaking

The Basic Stocktaker concluded his researches on the 30th of September, 1948.

From all the evidence presented, it seems reasonable to conclude that British Guiana cannot afford to adjust its trade balance at the expense of foodstuffs without paying due regard to the effect deletion or curtailment of any selected item may have on the nutritional value of the average dietary.

H. HEALTH EDUCATION

There were six important phases of the health educational programme.

(i) SCHOOL HEALTH EDUCATION

(a) Pupils of Wortmanville R.C. School received special consideration and attention under a programme fostered by the Education Department to determine the most effective teaching methods in education in general. This programme was developed on the basis of findings from a study of the health needs, social, physical, and emotional, of the pupils by school nurses, as well as a study of the home environment. Thus the Senior School Nurse assisted by two school nurses appraised the health of the pupils in order to determine *what were the most important needs on which to work*. It was revealed from home visits that in the homes of many of the pupils the newer knowledge of nutrition was not applied to the limit of capacity in the matters of food, sleep, sunshine, rest and recreational activities. It was therefore decided to deal firstly with the problems of personal hygiene from the lowest grade to the highest and to take up the question of community hygiene in 1949. The emphasis then was on the formation of *healthful habits* and the *inculcation of desirable attitudes* pertaining to the health practices. *Knowledge* (i.e. instruction) was only imparted to reinforce formation of the habits by telling the child why and how he should practise them. Each pupil in the middle and upper divisions kept a *health note-book* in which he recorded the results of the nurse's examination in simple language as well as what action was required to be taken to improve his health. In some instances the defect could have been corrected by the child's own efforts, in other cases he was referred to the School Medical Officer who on further examination either treated him or referred him to the appropriate specialist for correction of "Eye, Ear, Nose and Throat" defects or to the "Chest Clinic". In the end

the child was placed in a position to make the inference for himself that health was something not only to talk about but, far more important, something about which action had to be taken once appraisal of his health revealed any defect which was remediable. The teachers were also exposed to a situation which enabled them to make the inference that health is not a formal subject on the school curriculum but rather a quality of living related to all experiences in the child's home and in the school, and in his associations with others. Pupils were also encouraged to record in their health note-books the observance of daily health habits in the home, school and the community. Demonstrations were carried out by the Senior School Nurse in the classroom of such habits like brushing the teeth and gums; the care of the toothbrush; preparation of a cheap dentifrice; care of the fingernails, skin, eyes, ears, and nose; the use of the handkerchief; and the assumption of the correct standing and sitting posture. Pupils carried out these exercises under supervision of their teachers and nurses.

(b) **Instruction of individual pupils**— Each contact of school nurse with the child was regarded and treated as an opportunity to impart some useful information relating to the improvement of his health. Each visit of child to School Medical Officer's Clinic was treated as a teaching visit.

(ii) EDUCATION OF TEACHERS

(a) **Systematic Lectures**—Fifty lectures were given to teachers, at the Teachers' Training College, by the School Medical Officer in Child Psychology and Hygiene. This course was supplemented by about twenty lectures given by the Deputy Director of Medical Services, the Health Officer, Demerara, the Honorary Malariaologist, the Venereal Diseases Specialist and a Dental Surgeon.

(b) **Lecture Tours**—A course of twelve lectures was given by the School Medical Officer to teachers in widely scattered areas in all three counties of the Colony to keep them fully conversant with modern trends and techniques in school health education and in preventive medicine and public health. It is estimated that over 700 teachers attended these lectures and participated actively in the discussions. There were seventy sessions in all. The Education Department was responsible for all administrative details necessary to make the tours a success.

(c) **Exhibits**—A health exhibit was presented by the School Medical Service at the British Guiana Teachers' Association Exhibition and Fair held in the Promenade Gardens in April. The exhibit was arranged to demonstrate to teachers and other specially interested groups the use of certain teaching aids—posters, health note-books, health plays and charts in the health education of the child. Teachers from all parts of the Colony inspected the exhibits all of which were prepared by school nurses and pupils.

(iii) EDUCATION OF PARENTS

(a) **Conferences**—Several hundred conferences were held with individual parents to impart to them useful information relative to the health needs of their children.

(b) **Home Visits**—492 visits were paid by school nurses to the homes of pupils to study social and economic factors as they affect the

health of the child and to advise parents as to what improvements could be effected.

(c) **Lectures**—Over 500 parents attended a Parent-Teachers' Meeting at Hopetown Anglican School to receive a lecture from the School Medical Officer. A similar lecture was given to parents assembled at Helena-Supply School.

(d) **Exhibits**—A special health exhibit was prepared for and presented at, the Mahaica-Supply Health Week Exhibition.

(iv) EDUCATION IN MOTHERCRAFT

(a) Lectures and Conferences—

Antepartum care—Mothers attending clinics in rural areas of the Colony received appropriate advice relative to their pregnancy, delivery and puerperium.

Infant care—Mothers attending Infant Welfare Clinics in rural areas received advice on the health and development of their children.

All of these activities were carried out by trained health visitors and midwives acting under the direction of Government Medical Officers and supervision by two Inspectors of Midwives.

(b) **Exhibit**—An exhibit on infant care and management was presented to the public at Mahaica-Supply Health Week Exhibition. The Inspector of Midwives, Demerara, was responsible for the preparation and arrangement.

(v) NUTRITION EDUCATION

The Nutrition Committee presented an exhibit at the League of Coloured Peoples' Fair. Balanced diets for a family of five of moderate means were displayed as well as unbalanced diets so that the public might be convinced that poverty was not the only factor in the causation of malnutrition. Posters illustrating the importance of fresh air, exercise, sleep, rest, play, care of teeth in determining good nutrition were also displayed. School nurses working under the direction of the School Medical Officer were responsible for the preparation and arrangement of the exhibits. Approximately 3,000 visitors at the fair inspected the exhibits.

(vi) EDUCATION OF THE GENERAL PUBLIC ON MATTERS PERTAINING TO PREVENTIVE MEDICINE AND PUBLIC HEALTH.

(a) **Films**—Many films dealing with health topics were shown to the public.

(b) **Exhibits**—The Sanitary Inspectors' Service presented exhibits at the League of Coloured Peoples' Fair and at the Mahaica-Supply Health Week Exhibition.

Models, posters and charts were displayed to stress the importance of sanitation and to give information on the causation and prevention of communicable diseases like malaria, hookworm, filariasis and tuberculosis. The exhibits were arranged by the County Sanitary Inspector, Demerara and his staff.

I. INDUSTRIAL HEALTH

The inhabitants of the Colony continued to enjoy freedom from diseases directly attributable to occupational hazards.

J. PORT HEALTH AND QUARANTINE SERVICE

During the year 1702 vessels of all types were visited by the Port Visiting Officer. This total included 382 ocean-going steamers. Of this number 180 were visited for the purpose of granting pratique.

Statutory provisions were enforced against all vessels lying alongside the wharves of the ports of Georgetown, New Amsterdam and Mackenzie.

Two ships were fumigated against rodents.

Quarantine restrictions prescribed under the International Sanitary Conventions of 1944 were maintained against all vessels arriving from infected areas, no less than 122 persons being placed under surveillance in respect of smallpox, cholera, yellow fever, plague and typhus fever.

Aerial Navigation

203 aircraft arriving in the Colony were dealt with, certificates of Personal Declaration of Health being obtained from 3,436 passengers and quarantine restrictions imposed as necessary.

VI. CENTRAL MEDICAL LABORATORY AND BRANCH LABORATORIES

The total number of examinations done at the Central Medical Laboratory and the Branch Laboratories as compared with the figures for 1947 are presented below.

	1947	1948
Central Medical Laboratory ..	43,634	51,886
Public Hospital, Georgetown Laboratory	8,721	10,584
Best Tuberculosis Hospital Laboratory	3,158	3,030
Suddie Hospital Laboratory ..	2,590	2,698
Leprosy Hospital Laboratory ..	4,166	5,312
Bartica Hospital	78	2,936
Mabaruma Hospital	1,509	1,702
Berbice Hospital	2,994	3,140
TOTAL	66,850	81,288

During the year 18,279 blood examinations for syphilis were done as compared with 16,179 in the previous year.

Water Samples

140 water samples were examined bacteriologically during the year. This number is an increase of 36 on the previous year.

Milk and Dairy Products

100 samples of milk and dairy products were bacteriologically examined.

Rats for Plague

520 rats were examined for evidence of plague. All were free from *B. pestis* infection.

Post-mortem Examinations

One hundred and eighty-one post-mortems were conducted.

Morbid Anatomy and Pathological Histology

Two hundred and forty specimens were examined during the year.

Training of Medical Laboratory Technicians

Three (3) technicians from the West Indian Islands were trained at the Central Medical Laboratory during the year. Two returned home after completion of their training.

Blood Transfusion Service

At the end of the year, the local branch of the British Red Cross Society undertook the collection of blood. For the year 194 pints of blood were collected. Four hundred donors were listed and 122 gave blood.

VII. HOSPITALS

Institutional care of the sick continued to be provided for by Government in five (5) General Hospitals; the Tuberculosis Sanatorium, Best; the Mental Hospital, Fort Canje; and the Mahaica Leprosarium.

General Hospitals

The total number of patients treated as Inpatients in all general hospitals was 25,463 with 1,270 deaths. The number of cases receiving medical treatment was 15,171, and surgical treatment 10,292, while the Ear, Nose and Throat Department treated 2,175, and Eye Department treated 4,786 patients.

The total number of Outpatients treated at general hospitals was 64,538.

At dispensaries throughout the Colony 45,948 patients received treatment.

Dental cases treated were 18,106.

Best Tuberculosis Hospital

The number of persons treated as In-patients was 357. There were 120 deaths.

The total number of X-Ray examinations made was 2,377.

Mental Hospital

The total number of patients treated was 777 as against 774 in the previous year. There were 64 deaths, the largest number,—15 being due to Organic Insanity (Toxic).

X-Ray Department

The total number of patients dealt with in this Department was 7,692.

71 cases received X-Ray therapy during the year.

6,322 cases received electro-therapeutic treatment during the year.

Return of Principal Diseases causing Morbidity and Deaths at all Public Hospitals, 1948.

A. Communicable Diseases

			Cases	Deaths
Malaria	..	..	1,062	57
Typhoid	..	..	260	57
Pulmonary Tuberculosis			163	42
Syphilis	..	..	394	7
Gonorrhoea	..	..	397	3
Measles	..	..	39	—
Influenza	..	..	136	2
Diphtheria	..	..	26	4
			2,477	172
Other Infectious Diseases	..		985	48
			3,462	220

B. Non-Communicable Diseases

	Cases	Deaths
Diseases of Nervous System	970	71
Diseases of Circulatory System	1,097	239
Diseases of Digestive System	2,347	129
Diseases of Respiratory System	1,822	114
Diseases of Genito-Urinary System (Non-venereal)	1,786	113
Diseases of Locomotion	2,333	30
Diseases of Childbirth, etc.	317	67
Diseases ill defined	501	27
Miscellaneous	1,879	51

VIII. BOARD OF EXAMINERS, CHEMISTS AND DRUGGISTS

Three meetings of the Board were held during the year. No examinations were conducted.

The Pharmacy and Poisons Ordinance Chapter 103 is at present being revised and consolidated and it is expected that the new Ordinance will be promulgated in the course of this year.

The Registrar of the Board, Mr. D. C. Wason, was on vacation leave from 17th June, 1948 to 23rd March, 1949. Mr. C. W. Joseph acted as Registrar during this period.

IX. VISITORS

During the year Dr. J. D. King of the Medical Research Council visited the Colony to conduct a survey to ascertain and determine the effect of sugar cane on dental structures. He examined 100 pupils selected from Grove Church of England School, St. Gabriel's Church of England, Bush Lot Canadian Mission, Lusignan Church of England and Anna Catherina Church of England Schools.

Dr. G. M. Thomson, Adviser on Venereal Diseases Control to West Indian Governments, visited the Colony in January. A report on the Social Diseases Service in British Guiana has been submitted by him.

Other visitors to see the work of the Mosquito Control Service were Dr. Rolla B. Hill, Regional Director for the Caribbean, of the Rockefeller Foundation; Dr. Henry P. Carr, also of the Foundation and its representative in the Dominican Republic; and Dr. A. Paoliello, Chief for Northern Brazil in the country's National Yellow Fever Service.

X. SEPARATE REPORTS

In presenting this general departmental report only a concise summary of the principal features of the year's work has been attempted. For matters of detail, reference should be made to one or other of the following specific reports which have been prepared separately:—

Central Medical Laboratory, Georgetown.
Best Sanatorium, West Coast, Demerara.
Social Diseases Clinic, Georgetown.
Leprosy Hospital, Mahaica, East Coast, Demerara.
Mental Hospital, Fort Canje, Berbice.
School Medical Service, Georgetown.
Mosquito Control Service, Georgetown.
Malaria Research Section of the Mosquito Control Service, Georgetown.

C. R. SUBRYAN,
Director of Medical Services (Acting).